

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/573/55

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	1						60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20	1						70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28	1						78						
29							79						
30							80						
31							81						
32	1						82						
33							83						
34							84						
35							85						
36	1						86						
37							87						
38							88						
39							89						
40	1						90						
41							91						
42							92						
43							93						
44	1						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	39	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	47						TOTAL CLAIMS						